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Bib Data Sheet

CONFIRMATION NO. 7545

|   |   |   |                        |                                  |
|---|---|---|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/535,590   | FILING OR 371(c)<br>DATE<br>05/19/2005<br>RULE  | CLASS<br>141  | GROUP ART UNIT<br>3751 | ATTORNEY DOCKET NO.<br>P/4393-13 |
| <b>APPLICANTS</b><br>Philippe Espinasse, Bihorel, FRANCE;   |   |   |                        |                                  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/03324 11/06/2003 <i>OK</i> |   |   |                        |                                  |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/14471 11/19/2002 <i>IC</i>                        |   |   |                        |                                  |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>FRANCE  | SHEETS<br>DRAWING<br>1 | TOTAL CLAIMS<br>17               |
| 35 USC 119 (a-d) conditions met   | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |   |                        | INDEPENDENT CLAIMS<br>1          |
| Verified and Acknowledged   | Examiner's Signature <i>[Signature]</i>   | Initials <i>[Initials]</i>  |                        |                                  |
| <b>ADDRESS</b><br>2352  |   |   |                        |                                  |
| <b>TITLE</b><br>Liquefied gas transfer installation and use thereof                                 |   |   |                        |                                  |
| FILING FEE RECEIVED<br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                  |